

For BPD use only:  
Customer Name

Customer No.

PD F 3565 E  
Department of the Treasury  
Bureau of the Public Debt  
(Revised December 2001)

**APPLICATION FOR DISPOSITION OF RETIREMENT PLAN  
AND/OR INDIVIDUAL RETIREMENT BONDS WITHOUT ADMINISTRATION  
OF DECEASED OWNER'S ESTATE**

OMB No. 1535-0032

**IMPORTANT: Follow instructions in filling out this form. You should be aware that the making of any false, fictitious, or fraudulent claim or statement to the United States is a crime under the laws of the United States.**

**PRINT IN INK OR TYPE ALL INFORMATION**

To: BUREAU OF THE PUBLIC DEBT, Office of Investor Services, PO Box 1328, Parkersburg, WV 26106-1328.

We certify that the following statements and information furnished are true and correct to the best of our knowledge and belief:

1. \_\_\_\_\_  
(Name of decedent)

\_\_\_\_\_ died on \_\_\_\_\_ at the age of \_\_\_\_\_  
(Social Security Number) (Month) (Day) (Year) (Years and Months)

at \_\_\_\_\_; the decedent's last legal residence was in the State of \_\_\_\_\_ and no legal  
(Place of death – City and State)

representative of the decedent's estate has been appointed by any court and no such appointment is pending or contemplated.

2. The following are the only persons required to be listed (see Instruction 2):

| Name | Age | Relationship or Basis of Interest | Street Address or Rural Route | City | State |
|------|-----|-----------------------------------|-------------------------------|------|-------|
|      |     |                                   |                               |      |       |
|      |     |                                   |                               |      |       |
|      |     |                                   |                               |      |       |
|      |     |                                   |                               |      |       |

3. The persons listed in Item 2 who are under legal disability (see Instruction 3) are:

| Name of Heir under Disability (if any) | Legal Disability | Name and Address of Representative | Capacity |
|--|------------------|------------------------------------|----------|
|  |                  |                                    |          |
|  |                  |                                    |          |
|  |                  |                                    |          |
|  |                  |                                    |          |

4. We agree that the persons listed are entitled to the decedent's Retirement Plan and/or Individual Retirement Bonds described below, and request recognition of entitlement or payment as shown (see Instruction 4).

| (a) Face Amount | (b) Bond Number | (c) Type | (d) Name and Taxpayer Identifying Number of Persons Entitled | (e) Share | (f) Disposition Desired |
|-----------------|-----------------|----------|--|-----------|-------------------------|
|                 |                 |          |  |           |                         |
|                 |                 |          |  |           |                         |
|                 |                 |          |  |           |                         |
|                 |                 |          |  |           |                         |
|                 |                 |          |  |           |                         |
|                 |                 |          |  |           |                         |

5. **Delivery Instructions** – Mail the check(s) to:

**If payment by Direct Deposit is preferred, do not provide the above information. Instead, each payee must complete a Direct Deposit form, PD F 5396 or SF 1199A, and submit it with this application.**

|                       |                       |
|-----------------------|-----------------------|
|                       |                       |
| Daytime Telephone No. | Daytime Telephone No. |
|                       |                       |
| Daytime Telephone No. | Daytime Telephone No. |

***Certifying Officer – The individuals must sign in your presence. Complete the certification and affix your stamp or seal.***

My commission expires \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (ZIP Code)  
(For notaries only)

### 8. Federal Income Tax Notice of Withholding and Election

The redemption proceeds of United States Retirement Bonds or Individual Retirement Bonds submitted for redemption are subject to Federal income tax withholding unless you elect not to have withholding apply. Withholding will be at a rate of 10 percent of the entire redemption proceeds (reduced, in the case of Retirement Plan Bonds by any employee contribution to the bonds' purchase price appearing in the basis legends inscribed on the bonds). The redemption proceeds, minus any amount shown in the basis legend of Retirement Plan Bonds, will be reported to the Internal Revenue Service on Form 1099-R even if you elect not to have Federal income tax withheld.

***(Each payee listed in Item 4 must complete an Election. You may make as many photocopies of this page as necessary.)***

#### ELECTION FOR PAYEES OF U.S. RETIREMENT PLAN BONDS AND U.S. INDIVIDUAL RETIREMENT BONDS

I have read the withholding notice furnished to me and I ☐ want ☐ do not want Federal income tax withheld from my redemption proceeds.

Date \_\_\_\_\_

Taxpayer Identification Number:

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Employer Identification Number)

\_\_\_\_\_  
(Daytime Telephone Number)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, and ZIP Code)

Date of Birth

\_\_\_\_\_  
(Month Day Year)

#### ELECTION FOR PAYEES OF U.S. RETIREMENT PLAN BONDS AND U.S. INDIVIDUAL RETIREMENT BONDS

I have read the withholding notice furnished to me and I ☐ want ☐ do not want Federal income tax withheld from my redemption proceeds.

Date \_\_\_\_\_

Taxpayer Identification Number:

\_\_\_\_\_  
(Social Security Number)

\_\_\_\_\_  
(Employer Identification Number)

\_\_\_\_\_  
(Daytime Telephone Number)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, and ZIP Code)

Date of Birth

\_\_\_\_\_  
(Month Day Year)

## INSTRUCTIONS

**USE OF FORM** - Use this form to apply for recognition as the person entitled to United States Retirement Plan and/or Individual Retirement Bonds which belonged to a deceased owner when a legal representative has not been appointed for the estate and no such appointment is pending. The term "deceased owner" may refer to a deceased registered owner or to a beneficiary who died after the registered owner. **RETIREMENT PLAN AND INDIVIDUAL RETIREMENT BONDS MAY NOT BE REISSUED AFTER THE DEATH OF THE REGISTERED OWNER.**

**WHO MAY APPLY** - Application must be made by (or on behalf of the estate of): (1) the surviving husband or wife; (2) if none, all children of the decedent, and descendants of deceased children; (3) if none, both parents of the decedent or the survivor of them; (4) if none, other next of kin as determined by the laws of the state in which the decedent had his/her last legal residence.

**PROOF OF DEATH** - Furnish a certified copy of the official death certificate for the owner and the beneficiary, if any. The copies must be certified by the state or local registrar, under official seal.

**ADDITIONAL EVIDENCE** - The Commissioner of the Public Debt, as designee of the Secretary of the Treasury, reserves the right to require additional evidence in any particular case.

**COMPLETION OF FORM** - Furnish all information requested. If you need more space, use a continuation sheet.

1. **DECEDENT** - Insert decedent's complete name and social security number. Verify that the bonds to be listed under Item 4 belong to the estate, e.g., the decedent must be the last-deceased person named on the bonds. Insert the decedent's date of death, age, place of death, and last legal residence.
2. **PERSONS ENTITLED** - Show the requested information about the person(s) entitled to apply under the order of precedence described in the "Who May Apply" section of these instructions. If any of the persons listed are under legal disability, the information requested in Item 3 must be provided.
3. **PERSONS UNDER DISABILITY** - Show the name of any person listed in Item 2 who is under legal disability. Show the nature of the legal disability - minority, incompetency, etc., and the name, address, and relationship (or capacity) of the one managing the person's affairs.
4. **DISPOSITION OF BONDS**
  - (a) & (b) List by face amount and bond number all Retirement Plan and/or Individual Retirement Bonds owned by the decedent. If the decedent had requested payment of any bonds and died before the redemption check was cashed, describe the check by amount and number under "Face Amount" and "Bond Numbers."
  - (c) Show "RPB" for Retirement Plan Bonds; "IRB" for Individual Retirement Bonds.
  - (d) Enter the name and taxpayer identifying number of each person to whom distribution is requested. If this is an individual (whether or not a minor or incompetent), give the social security number; if an estate, trust or any entity other than an individual, give its employer identification number. Upon the agreement of all persons entitled, payment can be made to a creditor of the decedent's estate. In this case, enter the name, address, and taxpayer identifying number of each creditor to whom payment is to be made.
  - (e) In the space following each name, show the share to which that person is entitled. If payment is to be made to a creditor, the exact amount must be shown.
  - (f) After the death of the registered owner of Retirement Plan Bonds or Individual Retirement Bonds, interest may continue to accrue until maturity under the conditions set forth in Department of the Treasury Circulars, Public Debt Series No. 1-63 (for Retirement Plan Bonds) or No. 1-75 (for Individual Retirement Bonds). The person(s) entitled may request payment at any time after the owner's death, but they should arrange to cash the bonds at or before maturity. Partial payment of a bond after the death of the owner may not be made. If the person entitled desires immediate payment, "Payment" must be shown under "Disposition Desired"; to retain the bond(s) for later redemption, "Recognition of Entitlement" must be shown as the disposition. If "Recognition of Entitlement" is shown, a letter recognizing entitlement will be furnished by the Accrual Services Division. When payment is desired, the person entitled must sign the requests for payment on the bonds in the presence of an authorized certifying officer (see Instruction 7), and forward the letter and bonds to a Federal Reserve Bank or Branch.
5. **DELIVERY INSTRUCTIONS** - Show the name and address where you want the redemption check(s) delivered. If you want the checks delivered to each payee at the addresses provided in Item 2, so indicate. If payment by Direct Deposit is preferred, do not provide delivery instructions in Item 5. Instead, each payee must complete a Direct Deposit form, PD F 5396 or SF 1199A, and submit it with this application. Forms SF 1199A are available at financial institutions in the United States. PD F 5396 is available for download on the Internet using the "forms" link at the address [www.savingsbonds.gov](http://www.savingsbonds.gov). Each payee's financial institution can assist in completing the Direct Deposit form.
6. **SIGNATURES** - Each person listed in Item 2 must sign the form in Item 6. Where a person entitled is under legal disability, the legal representative of the person's estate must sign and furnish up-to-date proof of appointment. A minor not under legal guardianship may sign, provided in the opinion of the certifying officer, the minor is of sufficient competency to sign and understand the nature of the transaction. In all other cases, special instructions will be furnished by the Bureau of the Public Debt upon request.
7. **CERTIFICATION** - Each applicant must appear before and establish identification to the satisfaction of an authorized certifying officer and sign the application in ink in the officer's presence. The officer must then complete the certification forms provided and impress the seal or stamp required in certifying requests for payment. A notary public or similar officer must also show the expiration date of his/her commission. Authorized certifying officers are available at banking institutions, including credit unions, in the United States.
8. **NOTICE OF WITHHOLDING AND ELECTION** - Each payee listed in Item 4 must complete, sign and date an Election form. The redemption will be processed with or without withholding, as elected. If a payee does not complete an Election, the bonds will be redeemed and Federal income tax **will be withheld** from the redemption proceeds. Two Election forms are provided; you may make photocopies, as necessary.

**WHERE TO SEND** - Send the completed form, proof of death, and the bonds for which payment is requested, as well as any direct deposit forms, to the Bureau of the Public Debt, Office of Investor Services, PO Box 1328, Parkersburg, WV 26106-1328.

### PRIVACY ACT AND PAPERWORK REDUCTION ACT NOTICE

We're asking for the information on this form to assist us in processing your securities transaction requests. Our authority comes from 31 U.S.C. Ch. 31 which authorizes the Treasury Department to borrow money to pay the public debt of the United States. Also, 26 U.S.C. 6109 requires us to use your SSN on certain forms when we report taxable income to IRS. It's voluntary that you provide the requested information, but without it, we may not be able to process your transaction requests. Information concerning your securities holdings and transactions is considered confidential under Treasury regulations (31 CFR Part 323) and the Privacy Act. However, the following routine uses of this information may include disclosure to the following persons or entities: agents and contractors who help us manage the public debt; others entitled to the securities or payment; agencies (including disclosure through approved computer matches) determining eligibility for benefits, finding persons we've lost contact with, or helping us collect debts; agencies for investigations or prosecutions; courts, counsel, and others for litigation and other proceedings; a Congressional office asking on your behalf; and as otherwise authorized by law.

We estimate it will take you about 20 minutes to complete this form. However, you are not required to provide information requested unless a valid OMB control number is displayed on the form. Any comments or suggestions regarding this form should be sent to the Bureau of the Public Debt, Forms Management Officer, Parkersburg, WV 26106-1328. **DO NOT SEND completed form to the above address; send to correct address shown in "WHERE TO SEND" above.**